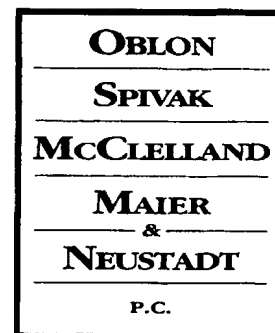


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ATTORNEYS AT LAW

KATHLEEN A. MORSBERGER  
CONTROLLER  
(703) 412-6494  
KMORSBERGER@OBLON.COM

UNITED STATES PATENT AND TRADEMARK OFFICE  
Box 16  
Washington, DC 20231

Attn: Frank Lebron  
Refund Department

Re: Deposit Account #150030

Dear Mr. Lebron

Enclosed is a copy of page 4 of our deposit account statement of June 28, 2002. See the highlighted charge on **serial number 09/883,959 for \$252.00 on fee code #102.**

The original application had 5 independent claims and 12 dependent claims for a total of 17 claims (see attached claim calculation sheet). Please note that although **claims 14-17 appear to be independent claims**, the next to the last paragraph of **each claim contains the dependent claim language** "... logic operation circuits defined in claim . . . ." Therefore, our account **should not be charged for additional claims.**

**Please review this application and kindly refund \$252.00 to deposit account #150030.** Copies of the appropriate paperwork are attached.

If you have any questions, please contact Debbie Noel at (703) 412-6296. Thank you for your assistance.

Sincerely,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

A handwritten signature in cursive script that reads "Debra J. Noel".

Debra J. Noel  
Accounting Department

Enclosures



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

MONTHLY STATEMENT  
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Account No.	150030
Date	6-28-02
Page	4

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6	11	02	49	09526493	4888-0022-6X	142	-1240.00	46252.71
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6	12	02	37	5380935		184	2020.00	35197.71
6	12	02	111	10164648	222983US-2 C	102	204.00	34993.71
6	12	02	134	10164585	222605US2SDI	101	740.00	34253.71
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Docket No. 210067US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Hidemasa ZAMA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SEMICONDUCTOR INTEGRATED CIRCUIT, LOGIC OPERATION CIRCUIT, AND FLIP FLOP

FEE TRANSMITTAL

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FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	17 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	5 - 3 =	2	× \$80 =	\$160.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$710.00
TOTAL OF ABOVE CALCULATIONS				\$1,000.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
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TOTAL				\$1,000.00

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- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.  
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: \_\_\_\_\_

Marvin J. Spivak  
Registration No. 24,913



**22850**

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19 PAGES OF SPECIFICATION  
6 SHEET(S) OF DRAWINGS  
1 PRIORITY(IES) CLAIMED  
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## CLAIM CALCULATION SHEET

Docket No. 210067452 Serial No.

CLAIM	APPLICATION AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AFTER 3 <sup>RD</sup> AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
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TOTAL	5	12						

MULTIPLE DEPENDENT CLAIM FEE PAID: ☐ YES ☒ NO

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